**TVCC Video Conference**

Request to Schedule Event

**Instructions**: *Please fill in all appropriate blanks and check boxes and email to* helpdesk@tvcc.edu. If you have any questions please email or call the IT Services Help Desk at **(903) 675-6300*.*** *Items in* **bold** *must be completed. Site contact information is particularly important, as it is the information we will use in the unlikely event of a technical problem.*

# THIS SECTION CONTAINS THE COORDINATORS or INSTRUCTORS SITE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| MyInstitution | Trinity Valley Community College | Department  |       |
| Event Dates Multi-Dates conferences must complete page 2 | Date |  | Time | Day(s) of WeekClass Meets: | M | T | W | T | F |
|  | From:      |  | From:       [ ]  a.m. [ ]  p.m. |  |  [ ]  | [ ]  | [ ]  | [ ]  | **[ ]**  |
|  |  |  |  |  |  |
|  | To:       |  | To:       [ ]  a.m. [ ]  p.m. | Room Phone | (       )     -      |

|  |  |
| --- | --- |
| **Event Title or Class Name and Number** |       |
| **Event or Class Description Special Needs** |       |
| **Coordinator Site Location** | **Site Name** | **Building Name** | **Room Number** | **Room Phone** |
|       |       |       |       |
| **Event Requestor** | **Name:**  | **Phone:**  | Cell/Pager: | **Email:**  |
|       |       |       |       |
| **Instructor/Technical Coordinator** | **Name:** | **Phone:**  | Cell/Pager: | **Email:**  |
|       |       |       |       |
| ***THIS SECTION CONTAINS REMOTE SITE INFORMATION*** |
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| Site #1 Information | Site Name: *Example: Edgewood ISD, A-VC1* | Bldg Name*Example*: *Administration* | Room Number:***Exampl****e*: *A123* | Room Phone: ***Exampl****e*: *903-451-2434* |
|  |  |  |  |  |
| Technical Coordinator  | Name: | Phone: | Cell/Pager: | Email: |
|  |  |  |  |  |
| Site #2 Information | Site Name:  | Bldg Name  | Room Number: | Room Phone:  |
|  |  |  |  |  |
| Technical Coordinator  | Name: | Phone: | Cell/Pager: | Email: |
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| Site #3 Information | Site Name:  | Bldg Name  | Room Number: | Room Phone:  |
|  |  |  |  |  |
| Technical Coordinator  | Name: | Phone: | Cell/Pager: | Email: |
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| Site #4 Information | Site Name:  | Bldg Name  | Room Number: | Room Phone:  |
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| Technical Coordinator  | Name: | Phone: | Cell/Pager: | Email: |
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***Note: All multi-date conferences (instructional classes) request must complete page 2.*** |

**Scheduled:** [ ]  **Netnet:** [ ]  **MCU:** [ ]  **TDJC:** [ ]  **Semester: Year: Port:**

**TVCC Video Conference**

Request to Schedule Event

*Email form to:* helpdesk@tvcc.edu *For Questions:* **(903) 675-6300**

**Instructions**: This form must accompany page1 for all multi-date conferences (instructional classes) request.

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| **Class Dates and Times** |
| **Date** | **Day of Week** | **Start Time**If different than the time listed in the main area above | **Ending Time**If different than the time listed in the main area above |
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